

KING COUNTY SEWAGE REVIEW COMMITTEE
APPLICATION FOR APPEAL
(Submit five complete sets of the application)

APPEAL FILE #

Name of Applicant _____

Address of Applicant_ _____

Interest of Applicant _____ Daytime Phone _____

Address of Property _____

Parcel No. (Tax Lot Account No.) _____

Legal Description of Property: (Provide information on an attached page if the description is lengthy)

The following information will assist the Sewage Review Committee in evaluating your proposal. You may attach additional sheets. The top of each page or exhibit should indicate the applicant's name and/or address of the subject property.

1. **Description of Waiver Request:** Cite the Section(s) of the code and/or policies you are requesting to be modified or waived:
2. Will your neighbors or the owners of any nearby property or subsequent owners of your property be harmed in any way by the variance you have requested? Give reasons/technical justification for your answer.
3. NOTIFY ALL OWNERS OF PROPERTY LOCATED WITHIN 300 FEET OF YOUR LAND OR OWNERS OF THE NEAREST 15 PROPERTIES, **WHICHEVER IS GREATER**. SPECIFIC INSTRUCTIONS ARE ON THE ATTACHED FORM.
4. IF APPLICABLE, ATTACH EXHIBITS TO SUPPORT YOUR APPEAL. EXHIBITS SHOULD CLEARLY SHOW THE REASONS CITED BY THE DISTRICT SERVICE CENTER FOR DISAPPROVAL. IF NECESSARY TO ESTABLISH REASONS, YOU SHOULD ALSO ATTACH SUPPORTING DATA. THIS MAY CONSIST OF GEOLOGIST'S REPORTS, MANUFACTURER'S LITERATURE, ENGINEER'S REPORTS, PHOTOGRAPHS OR OTHER PERTINENT DATA.